New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

January-February 1986

Home health care lets student return to classroom

"Home care worked for me." — Carol Napior

An illness is never convenient and often can be disruptive to an active life. But this past summer, a Boston College graduate student was able to keep up with her busy schedule while receiving important intravenous therapy at home with the help of Deaconess Home Health Care Corp. (DHHCC), a subsidiary of the Deaconess's parent company, NEDH Corp.

Carol Napior, 28, of Keene, New Hampshire, has had diabetes for 16 years. She became a patient of Donald Miller, M.D., a diabetes specialist at the Deaconess and Joslin Diabetes Center, in 1981. In 1982 she developed eye problems and kidney failure related to her diabetes. She is now legally blind and in 1984 received a kidney transplant at the Deaconess, with her brother acting as donor.

This June, Napior came to Boston to begin a master's program at Boston College in rehabilitation teaching for the visually impaired. "In July I began having pain and swelling in the area of the new kidney," she says. "I didn't think it was too serious, but I stopped by the Deaconess to have it checked out. They found an abscess around the kidney and put me into the hospital right away."

The infection soon was brought under control with intravenous antibiotics. But Napior was concerned that having to stay in the hospital for the needed three-week course of antibiotics would disrupt her school schedule.

"That really was a bad time. Everything had been going so well. I'd had no problems for six months, and now I was back in the hospital during mid-terms week. Although I was able to take my exams in the hospital, I didn't want to stay in the hospital for three weeks. My summer program was only six weeks long, and I had to complete it to take the classes I had scheduled for the fall," she says.

Miller suggested that Napior try home health care and referred her to Richard Baptista, DHHCC manager. "I was a little bit leery at first," she says. "I wanted to go home, but not if it meant I would be back in the hospital in two weeks with a worse infection."

Baptista explained how home health care would work. Scott Hammer, M.D., of the infectious disease section would oversee the medical aspects of her therapy. Training sessions in sterile techniques for administering the medication would be provided by NEDH intravenous therapy nurses. DHHCC would coordinate the provision of prepared intravenous solutions and other necessary supplies and arrange for regular visits by home care nurses to monitor the therapy and be available to handle problems and questions.

Graduate student Carol Napior was able to attend classes while receiving home health care.

Because Napior could not see well enough to handle the sterile preparation techniques by herself, her friend Patty Canonico was trained at the Deaconess to administer therapy to Napior in her dormitory room.

"I had an intravenous catheter in my arm," Napior says. "Every evening Patty would hook the equipment up to

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Miller to head Nursing Department

Judith Miller, R.N.

Judith R. Miller, R.N., has been named associate director and chief nursing officer, succeeding Ellen D. Howland, R.N., who retired in the fall. Miller will oversee the Department of Nursing, which includes the hospital's staff nurses, nursing assistants, and nurse clinicians, as well as the surgical services, ambulatory services, critical care, and staff development areas.

Miller previously was associate administrator at Mother Frances Hospital in Tyler Texas, and had been director of nursing staff development at Hermann Hospital in Houston. She spent several years at the Deaconess in the 1970's as an instructor at the School of Nursing and as a nursing care coordinator.

"In my first few weeks back at the Deaconess, I have found that the sense of caring — the warm, friendly feeling I remember — has not changed. Everyone I've talked to appears to feel good about what they're doing," she says.

Miller sees the current changes in health care delivery — particularly the greater emphasis on controlling costs and reducing lengths of stay — as providing a challenge to all nurses. "When patients are coming into the hospital more acutely ill, nurses are more important than ever before. We can have a real impact on both patient care and on the economic aspects of health care by becoming more cost-effective and efficient."

"We've already started facing this challenge with the decentralization of the department, which gives the head nurses more financial and administrative control of their units, as well as the clinical control they've always had. Also, we are working more closely than ever with the physicians, administrators, and other members of the health care team. That's very important, and it's working — length of stay is already decreasing," she says.

"Probably the most important thing we can do is encourage our people to come up with new ideas to solve clinical problems," Miller says. "We can't keep saying 'we've always done it that way.' We have to ask ourselves what is really necessary and encourage innovation and creativity at all levels."

Miller received a bachelor of science in nursing from the University of Maryland and has a masters in education from Boston University. She is a major in the U.S. Army Reserve Nurse

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Deaconess commemorates 90th anniversary

On February 5, 1896, eight Methodist deaconesses founded the New England Deaconess Hospital in a five-story brownstone on Massachusetts Avenue. This year, NEDH observes its 90th year, and a number of special events have been planned to commemorate the occasion.

The 1986 annual meeting of NEDH Corp., held at the Museum of Science on January 21, will kick off the anniversary festivities with a videotaped presentation of the hospital's history and a lecture on the future of American medicine by Pulitzer Prize-winning author Paul Starr.

Beginning this month and continuing throughout the year, PULSE and other hospital publications will carry the 90th anniversary logo shown on the front page. Issues of PULSE will include "Historical Highlights," such as old photos, letters, and newsclips. Enclosed in this issue is a pull-out anniversary calendar, highlighting important historical dates and annual events.

The Gift Shop is selling Deaconess T-shirts, mugs, ties, and scarves designed in the pink and gray colors chosen for anniversary.

Some of the special events planned for the year include a hospital-wide birthday party on February 5 — with a cake replica of the 1896 hospital building — lobby and departmental showings of the history videotape, and an employee history videotape for the Service Awards dinner in April. Watch future issues of PULSE for more information about upcoming anniversary activities.

Clouse, Groopman awarded research grants

"We don't have a method for evaluating a donor liver to see if it is viable before implantation."
— Melvin Clouse, M.D.

Two Deaconess physicians recently received major research grants from the National Institutes of Health. Melvin Clouse, M.D., chairman of Radiology, is the principal investigator for a study of the preservation of function in donor livers, supported by a one-year grant from the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases. And a five-year grant from the National Heart, Lung, and Blood Institute, awarded through the Center for Blood Research, will fund AIDS research by Jerome Groopman, M.D., acting chief of hematology/oncology. Each grant exceeds $140,000 per year.

Improved preservation of donor livers sought

Clouse's study will seek a better understanding of what happens to a liver when it is removed for transplantation, and will explore improved methods of preserving donor livers. "We have protocols indicating which patients should receive a liver transplant and which should not," he says. "But we don't have a method for evaluating a donor liver to see if it is viable before implantation."

When a liver is removed from a donor it is flushed with cold preservation solutions that remove the blood from the blood vessels. The liver is cooled, bagged, and kept in cold storage for up to eight hours before it is implanted in the recipient. Cutting off the blood flow — which normally carries oxygen and other nutrients to the liver — starts a process called ischemia that causes deterioration of the structure and function of the liver cells. When the cell membranes break down, ischemia is irreversible and the liver cells die.

Clouse and his co-investigators will be studying liver preservation in experimental animals to discover at what point ischemia can be reversed and how ischemic injury might be prevented. They also will look at whether the nutritional state of the donor has an effect on a liver's viability.

The damage that occurs to a donor liver may be not completely ischemic. When oxygen is absorbed by a cell, byproducts called "superoxide-free radicals" are produced. These products are actually toxic to the cell. However, the cell also contains "scavenger" compounds that absorb the superoxide-free radicals, protecting the cell.

"When the liver gets ischemic, presumably these scavengers that soak up the superoxide-free radicals either are impaired or something else happens to them," Clouse says. "When the liver's blood supply is renewed — a process called reperfusion — and the oxygen comes back in, the oxygen actually causes damage to the cell.

"We want to find out whether using specific solutions to flush the liver will negate the reperfusion injury, or prevent ischemic injury, or prolong the time the liver can be out of the body. We hope to determine whether a pump that continually perfuses the liver with an oxygen solution might be necessary or feasible," Clouse says.

Another aspect of the study will examine donor livers using magnetic resonance spectroscopy. This process uses the same technology involved in magnetic resonance imaging to examine a cell's biochemical constituents. "By imaging the phosphorous atom in the liver cells, we can determine the levels of particular phosphate compounds, which will tell us how well the cells are working," says Clouse.

"It's going to take some time to study the mechanism of ischemic and reperfusion liver injury, because it's a very complex metabolic process. But we hope that information about better flushing and preservation solutions will be available very soon," Clouse says. "Those are things that could be used quickly for our patients."

Clouse's NEDH co-investigators include Amos Lanier, Ph.D., Robert Lee, M.D., and Hugh Wheeler, Ph.D., in the Department of Radiology; Albert Bothe, M.D., Roger Jenkins, M.D., and Anthony Monaco, M.D., in Surgery; and Bruce Bistrian, M.D., in Medicine.

Many questions remain about AIDS

Although much has been learned about AIDS and HTLV-III, the virus that causes the fatal condition, many important questions need to be answered before effective treatments or vaccines can be developed. Groopman and his colleagues will be trying to answer some of those questions.

A major obstacle to the development of a vaccine is that HTLV-III appears to change slightly as it reproduces. Because a vaccine is specific to the exact structure of a virus, vaccines would need to be altered constantly to control changing viruses. Groopman says, "We're going to try to determine exactly how the virus mutates when it goes from person to person. We're also going to look at whether HTLV-III interacts with other viruses that are transmitted by blood."

Another area of interest is the development of diagnostic tests. "We already have a first-generation blood test for the presence of antibody to HTLV-III which is pretty good. But its results are not always accurate and there are probably better ways to diagnose infection," Groopman says. Antibodies are produced by the immune system in response to a virus or other foreign material in the body, so the presence of antibody indicates that a person has been exposed to HTLV-III.

The current test cannot predict whether a person actually will develop AIDS. Some of those who have HTLV-III antibodies develop a less-serious condition called AIDS-related complex and some do not become sick at all, although they may be able to pass the virus on to others.

Groopman says, "We'll be trying to determine whether the presence of more specific antibodies — antibodies against only a certain part of the virus instead of the entire virus — will predict who will get sick and who won't."

Another component of the study will be investigating instances of heterosexual transmission of AIDS. "We will be looking at spouses of hemophiliacs and others at risk for AIDS. And we're going to look at whether the virus can survive in other body fluids like breast milk," Groopman says.

Other members of the Deaconess research team are J. Davis Allan, M.D., infectious disease; Joan Kinniburgh-Pelletier, R.N., clinical research specialist, Roberta Ferriani, lab supervisor, and Patricia Benz, research technologist. The team also will work with Myron Essex, Ph.D., of the Harvard School of Public Health.

JANUARY

Volunteer Blood Donor Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 New Year's Day	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16 1976: Meissner Labs dedicated	17	18
19	20 Martin Luther King Day	21 NEDH Corp. Annual Meeting	22	23	24 National IV Nurse Day	25
26	27	28	29	30	31	

FEBRUARY

American Heart Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5 90th Anniversary Celebration 1896: NEDH opens its doors	6	7	8
9	10 1957: Diabetes Treatment Unit opens	11	12	13	14 Valentine's Day	15
16	17 Washington's Birthday	18	19	20	21	22
23	24 1953: Central (Farr) Building opens	25	26	27	28	

MARCH

National Kidney Month
National Nutrition Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17 St. Patrick's Day	18	19	20	21	22
23	24 1934: Baker Clinic dedicated	25	26	27	28	29
30 Easter Sunday	31					

APRIL

Cancer Control Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8 1907: Deaconess building opens	9 Medical Laboratory Week	10	11 Service Award Dinner	12
13	14	15	16	17	18	19 1927: Palmer Building opens
20	21 Patriots Day	22	23 Secretaries Day Volunteer Week Organ Donor Awareness Week	24 Passover	25	26
27	28	29	30			

MAY

National High Blood Pressure Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6 National Nurses Day	7	8 School of Nursing Graduation	9	10
11 Mother's Day	12	13	14 National Hospital Week	15	16	17
18	19	20	21	22	23	24
25	26 Memorial Day	27	28	29	30	31

JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15 Father's Day	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

The Deaconess is 90
A HISTORY OF EXCELLENCE
A FUTURE OF PROMISE 1896–1986

1986

JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4 Independence Day	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7 1922: First insulin in New England given at NEDH	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

SEPTEMBER

National Sight-Saving Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Labor Day	2 1976: School of Nursing moves to Kennedy Hall	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17 Rehabilitation Week	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4 Rosh Hoshanah
5	6	7 1965: Shields Warren Radiation Lab dedicated	8 Respiratory Care Week	9	10	11
12	13 Columbus Day Yom Kipper	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31 Halloween	

NOVEMBER

National Diabetes Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4 Election Day	5 Radiologic Technology Week	6	7	8
9	10	11 Veterans Day	12	13	14 Operating Room Nurses Day	15
16	17	18	19	20 Great American Smokeout	21	22
23 30	24	25	26	27 Thanksgiving	28	29

DECEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5 Friends Holiday Bazaar	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 Christmas	26	27 Hanukkah
28	29	30	31			

United Way campaign heads toward goal

As of December 5, 1985, the NEDH United Way campaign had raised in excess of $60,000, only $5,000 less than the total raised last year and more than 80 percent of this year's goal of $73,000. More than 1,200 Deaconess people have given so far, including 86 retirees. One retired employee, Manuel Santos, sent his contribution all the way from Portugal!

"The outstanding efforts of more than 120 United Way volunteers throughout the hospital — as well as the members of the campaign planning committee — have contributed to our results so far," says committee chairman Mark Grubbs, compensation and benefits manager. "We want to remind everyone that the campaign is still open, and we hope those who have not yet given will contribute. The United Way is very deserving of our support."

Margaret Hyland in Nursing Service created this year's campaign poster, which symbolized the hospital's United Way effort as a football player heading for the goal line. "Let's not stop short of our goal!" says Grubbs.

Other members of the campaign planning committee are Rick Cove, patient food service; Jack Flaherty, R.N., Nursing; Ronda Gamble, Nursing; Eileen Miskell, Medicine; Jeanne Peterson, Service Coordination; Barbara Stank, Building Services; and William Tobin, Pathology.

To help raise funds for the NEDH United Way Campaign, Karen Steinhauser (left), Ronda Gamble (center), and Noreen O'Malley — all of Nursing — sell popcorn in the cafeteria.

Growth of HMOs discussed at staff annual meeting

Health maintenance organizations (HMOs), which provide medical services for their members for a set monthly charge rather than on a traditional fee-for-service basis, have grown phenomenally in Massachusetts in recent years. But past development will prove to be "only the beginning," said Jacob Getson to the annual meeting of the NEDH medical staff. Getson, vice president of health programs development for Blue Cross of Massachusetts, is responsible for the Blue Cross health maintenance organizations and discussed the new health care systems at the October meeting.

When the state legislation authorizing HMOs was passed in 1976, the best estimates were that 10 percent of the state's population would be enrolled by 1990. By June of this year, 16 percent of Massachusetts residents were enrolled in HMOs, and it is now estimated that 40 to 50 percent will belong by 1990. "In our wildest dreams we never anticipated the support and enthusiasm that would greet a new type of health care delivery," Getson said.

HMOs were developed in response to increasing pressure to contain health care costs — reflected in rising rates for traditional types of health insurance. They have generally been very successful in reducing the hospitalization rates of their enrollees, largely through improved planning and management of patient care. For example, HMOs pay for tests and procedures performed in clinics or in a doctor's office that traditional insurance covers only if done in a hospital.

Because of these lower costs, HMOs usually are less expensive to join than traditional health insurance plans. "We've discovered that an average savings of $15 per month will induce people to leave their personal physician — even after many years of a good relationship — and join an HMO," said Getson.

The HMO's emphasis on primary care — covering office visits for checkups, for example — has produced tangible health benefits for members. Getson explained that people joining Blue Cross's "Senior Plan" HMO for people over 65 were discovered to have "an astounding amount of untreated illness. These people had very poor primary care connections. By bringing them into the HMO regularly and integrating their treatment, we are able to stabilize them and keep them from becoming sick enough to go into the hospital," he said.

Between 1980 and 1985 a million people in Massachusetts joined HMOs, but Getson says, "the first million were easy. All 22 HMOs in the state are poised for the next hundred thousand people and will be spending millions of dollars in advertising. There is going to be warfare, patient by patient."

Getson predicts that the coming years will see a "backlash of confusion" among people in response to the blitz of ads from competing HMOs. In the long run, those HMOs that are successful will be those that demonstrate a commitment to quality, not just low cost. "We [Blue Cross] have contracted with the Deaconess and other top hospitals for our HMOs because we want the best of care for our members," he said.

Also at the meeting, John L. Rowbotham, M.D., was re-elected as president of the medical staff, and Douglas Horst, M.D., was elected vice president.

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Blake Cady, M.D., chief of surgical oncology, was interviewed by Channels 4 and 56 regarding the Great American Smokeout.
- Jerome Groopman, M.D., appeared on the CBS Evening News, and on Boston Channels 5 and 7 to discuss subjects related to AIDS. Groopman and Joan Pelletier, R.N., clinical research specialist, were featured in a five-part news series on AIDS on Channel 7.
- Lawrence J. Rand, M.D., ophthalmologist, was interviewed regarding early laser treatment to reduce the risk of vision loss in diabetics by ABC World News Tonight.
- Anthony Sahyoun, M.D., surgeon, was interviewed by Providence Channels 6 and 10 regarding a Rhode Island kidney transplant recipient.
- Lee Simon, M.D., rheumatologist, discussed arthritis on Channel 5's "New England Sunday."

Napior

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the catheter, adjust the drip to deliver the right amount of the solution, make sure it was flowing properly, and then remove it an hour later. She also set up for the morning when the home care nurse came in to do the infusion. If we had any problems, we would call the home care agency and the nurse would come out right away."

During the two weeks Napior was on home intravenous antibiotic therapy, she was able to attend classes and keep a regular schedule. "The nurses were so cooperative. They came out early in the morning so I could make my first classes. I would have a normal day and just had to be back in my room by 7 p.m. so Patty could set up the evening therapy.

"All in all it worked really well," Napior says. "I have to give Patty a lot of credit — she learned the procedures really quickly — and everyone involved was very helpful. Home care worked for me. It allowed me to do just what I wanted to do — get back to school."

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

news in brief

Richard Baptista, manager of Deaconess Home Health Care, published an article on stability of cimetidine hydrochloride in a total nutrient admixture in *American Journal of Hospital Pharmacy.* He also spoke at North Shore University Hospital in New York and at the University of Rhode Island.

John T. Connelly, manager of Security, was elected vice president of the New England region of the American Society for Industrial Security.

Thomas F. Dodson, M.D., surgeon, has joined the Department of Surgery, where he will work with the liver transplantation team.

Walter H. Dzik, M.D., medical director of the Blood Bank, spoke on the immunologic effects of blood transfusion at Strong Memorial Hospital of the University of Rochester, New York; and gave several presentations at the national meeting of the American Association of Blood Banks.

F. Henry Ellis Jr., M.D., chief of thoracic and cardiovascular surgery, was appointed to the editorial board of the *Journal of Thoracic and Cardiovascular Surgery.*

Patricia Farina, M.S., R.D., clinical dietitian, gave a paper comparing the use of robots with human labor on a hospital tray assembly line to the American Dietetic Association.

Benjamin Gerson, M.D., chief of clinical chemistry and diagnostic immunology, directed a workshop on therapeutic drug monitoring at the fall meeting of the American Society of Clinical Pathologists. At the same meeting, Gerson and former NEDH resident **Jeffrey Medeiros, M.D.,** presented a paper on the risk of cardiac disease in renal failure patients on chronic maintenance dialysis, for which Medeiros received the Pathology Residency Award. Gerson also coauthored with resident **Leonid Pevzner, M.D.,** an article on multiple sclerosis published in *Laboratory Management,* and with **Joseph Schildkraut, M.D.,** psychiatrist, an article on biochemical classification of depressive disorders, published in the *British Journal of Psychiatry.*

Beverly Green, R.N., C.R.N.I., head nurse, intravenous therapy, was elected corresponding secretary of the New England Chapter of the National Intravenous Therapy Association.

Jerome Groopman, M.D., acting chief of hematology/oncology, has been appointed to the editorial board of the journal *Blood.*

Pamela Hartzband, M.D., has been appointed to the committee on women in organized medicine of the Massachusetts Medical Society.

Roger Jenkins, M.D., director of the liver transplant team, gave a paper on the Boston Center for Liver Transplantation to the fall meeting of the New England Surgical Society.

Susan Levine, M.S., R.D., education coordinator, Dietetics, spoke on the nutritional status of diabetic patients with renal impairment at the American Dietetic Association's annual meeting. She also coauthored a paper on nutritional assessment in end-stage renal disease, published in *Dialysis and Transplantation.*

Daniel Miller, M.D., chief of otolaryngology, was named an honorary director of the Massachusetts division of the American Cancer Society.

Anthony P. Monaco, M.D., chief of the division of organ transplantation, chaired a symposium on the use of cyclosporin sponsored by the American Society of Transplant Surgeons. He also gave the first Frank Mills Memorial Lecture at Noble Hospital in West Springfield, Mass., and spoke on the induction of specific immunosuppression at the Cleveland Clinic's annual course on organ transplantation.

William T. Nessa, M.D., cardiologist, has joined the Department of Medicine.

Richard W. Nesto, M.D., cardiologist, spoke on preventing myocardial ischemia in diabetics to a symposium on myocardial ischemia at Johns Hopkins University School of Medicine.

Ellison C. Pierce Jr., M.D., chairman of Anaesthesia, has been named president of the newly formed Anesthesia Patient Safety Foundation.

Richard R. Ress, M.D., cardiologist, has joined the Department of Medicine.

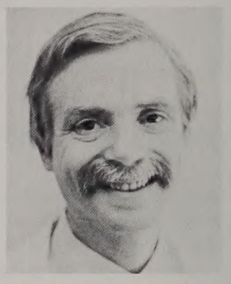
Paul Sesin, Pharm. D., R.Ph., coordinator of pharmacy clinical services, spoke on antibiotic utilization in an era of cost containment to the North Carolina Society of Hospital Pharmacists.

Alison Sneider, director of Public Relations, participated in a panel discussion on working with the news media at a national conference on transplantation and artificial organs.

Robert H. Wharton, M.D., pediatrician, has joined the Department of Medicine. He is with the Joslin Youth Division and is also on staff at Children's Hospital.

Michael Wick, M.D., Ph.D., dermatologist, received a major grant from the National Foundation for Cancer Research to study the effects of quinols-quinones on the growth of human tumor cells. Wick also spoke on new drugs for the treatment of advanced malignant melanoma to the foundation's annual meeting.

Thomas F. Dodson, M.D.



Robert H. Wharton, M.D.

Miller

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Corps. She served on advisory committees in nursing for the University of Texas, Texas Eastern School of Nursing, and Tyler Junior College, and is a member of the American Organization of Nurse Executives, the Texas Nurses Association, and the American Nurses Association.

The Deaconess is 90!
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This illustration appeared in *The Boston Post* in February 1896 when NEDH first opened its doors.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts

Non-Profit
U.S. Postage
PAID
Permit No. 18
Holliston, MA
01746

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PULSE is published by the Public Relations Department, New England Deaconess Hospital, 185 Pilgrim Road, Boston, MA 02215, (617) 732-8046. Third Class Postage paid in Holliston, MA Permit (non-profit organization) No. 18.

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